

SPS member profile: Carol D. Berkowitz, MD

October 2021 member spotlight



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**Carol D. Berkowitz, MD Department of Pediatrics, Harbor-UCLA Medical Center
AMA Delegate, American Academy of Pediatrics Past Chair, AMA Council on
Medical Education**

Q: As a practicing pediatrician, do you have any strategies to support physician resilience while social distancing and caring for patients with COVID-19?

A: As a pediatrician, I did not have to care for critically ill patients like my internist colleagues did. Most of the COVID-positive patients that I saw that were found to have COVID were screened for admission for some unrelated condition. As you probably know, children have only recently accounted for 25% of the COVID-positive hospitalized patients.

Besides being able to come to work, the other thing that helped me was being able to be with my family. My daughter and her three children were living with us (remodeling) when the pandemic struck. As a family, we developed new ways to do things. Eating out for lunch on the weekends moved from restaurant dining to getting takeout and seating outdoors in a park. I think we each have to connect with what gives us joy and inner tranquility.

Q: You have long been an advocate for children in your role as a child abuse pediatrics specialist. Was this your start into organized medicine?

A: When people ask me, why did you choose child abuse pediatrics, I answer: "I didn't choose it, it chose me." It all started with our Failure to Thrive Clinic that began at Harbor-UCLA Medical Center in 1980. The impetus for the clinic was the number of small, underweight children seen in our pediatric emergency department. They would be evaluated with thyroid function studies which were inevitably normal. But the children had no further work-up. So I, along with one of our pediatric nurse practitioners and a public health nurse who served as a liaison with Child Protective Services, decided to have a Failure to Thrive Clinic. I sent out a memo announcing that beginning Tuesday, in June 1980, we would have a Failure to Thrive Clinic. I included the clinic phone number to make appointments. And that was the start, which was certainly a lot easier in those days than now.

My early involvement with organized medicine revolved more around being an academic physician and a pediatric program director. As a member of the Ambulatory Pediatric Association (now the Academic Pediatric Association) and the Association of Pediatric Program Directors, I met like-minded individuals, learned about innovative programs and honed up my skill set as a teacher. Over the years I became more involved with other professional organizations such as the American Academy of Pediatrics and the American Medical Association. Involvement always provides me with learning opportunities and the chance to advocate on behalf of all children.

Q: As a physician who trained on the east coast, how did you decide to practice in California?



Dr. Berkowitz with her family celebrating their 50th wedding anniversary.

A: As many working women of my generation, moves were often determined by our husband's career path. I was born in Brooklyn, attended public school and then went to Barnard College and Columbia University College of Physicians and Surgeons. I did my pediatric training at the Roosevelt Hospital in New York and had my first daughter during my second year of residency. From New York, we moved to Baltimore where my husband fulfilled his military obligation at the U.S. Public Health Service Hospital where I served as a civilian physician in the pediatric clinic. Our second daughter was born in Baltimore.

After two years in Baltimore, we moved to Los Angeles where my husband began his fellowship in adult gastroenterology. It was hard initially since our entire families were still on the East Coast. I found a job working as a pediatrician for a small HMO in Santa Monica but again after two years, we moved to Rancho Palos Verdes when my husband joined a two-person private practice in Long Beach. He ultimately left the practice and joined the Southern California Permanente Medical Group. I was in private practice with a family physician and after two years joined the full-time faculty at Harbor-UCLA Medical Center where I have been ever since. Although I have lived in California for more than half my life, I still feel like a New Yorker at heart.

Q: As a physician leader, why is physician advocacy important to you? How can physicians have a significant impact outside the practice of medicine?

A: First and foremost, an "Advocacy Agenda" is access to quality health care including health maintenance and disease prevention. Over the years we have had a number of battles, particularly about maintaining Medicaid and CHIP (Child Health Insurance Program). I can recall when CHIP was up for re-authorization in 2005, the AMA was in the forefront of supporting \$60 billion. The AMA support of CHIP made the first page of the *New York Times*. I remember that some of my pediatric colleagues complained that the AAP wasn't even mentioned. I replied, "It's not news when pediatricians advocate for children." Physicians are highly respected members of our community. There is nothing more powerful than multiple professional organizations uniting together to support good health measures and opposed legislation that harms the sanctity of the patient-physician relationship as we have seen in recent times related to transgender youth and reproductive rights.

Contact us

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